pplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			13				Г	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	355.00	OR	BASIC FEE	·710.00
TOTAL CHARGEABLE CLAIMS			/ 3 minus 20=		• 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =					X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	.L	TOTAL		OR	TOTAL	H0.00
CLAIMS AS AMENDED - PART					T II	•					OTHER	THAN
	Company of the compan	(Column 1)		(Colur		(Column 3)	, -	SMALL E		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 13	Minus	/	20_	=	1	X\$ 9=		OR	X\$18=	
	Independent	* 1 NTATION OF M	Minus	***	<u>3</u>	=	[X40=		OR	X80=	
	PINST PRESE	NTATION OF IM	JLIIPLE DEF	ENDEN	CLAIVI		, [+135=		OR	+270=	
							L ^	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 13	Minus	** 6	20	=] [X\$ 9=		OR	X\$18=	,
	Independent	* (Minus	***	3	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JUITPLE DEF	ENDEN	CLAIM		ן נ	+135=		OR	+270=	
•							L.	TOTAL		OR	TOTAL ADDIT. FEE	
		(Column_1)		(Colui	mn 2)	(Column 3)		DDIT. FEE L		•	ADDIT. FEEL	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	┨┃	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T 01 4114	<u> </u>	4 F	X40=		OR	X80=	
L_	FIRST PRESENTATION OF MULTIPLE DEPENDENT					<u>.</u>	┙┞	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							L	TOTAL		ΛP	TOTAL	
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											